

S. No. 2
-9-4-41
1-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21305

State File No. _____

Registrar's No. 455

Registration District No. _____

Primary Registration District No. 2000

39
2
6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
806 Prospect St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Several Years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 806 Prospect Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CLURACE ALVERTIA ALCORN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased: October 23, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 39 7 10 _____ hr. _____ min.

9. Birthplace: Cabool Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name John Alcorn

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Amenda Webster

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amenda Alcorn

(b) Address 806 Prospect Ave. City

17. (a) Burial (b) Date thereof 6/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St. Springfield

19. (a) 6-5-43 (b) H. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Third
year 1943 hour Three minute 30A.

21. I hereby certify that I attended the deceased from July-1-1941 to June-5-1943 that I last saw him alive on June-1-1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of Lungs

Due to _____

Due to _____

Other conditions: 138-1
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry J. Wash (M. D. or other) _____

Address 450 1/2 S. Central Date signed 6/4/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
....., Registered Apprentice No.
working under my personal supervision.

Signed..... **Fred C. Thieme**

Licensed Embalmer No..... **2899**

P. O. Address..... **Springfield, Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.